



City Of Baltimore
DEPARTMENT OF RECREATION AND PARKS

Permit Office, Room 142 - 3001 East Drive
Baltimore Maryland 21217
Phone 410-396-6003 Fax 410-889-3856



APPLICATION FOR GENERAL PARK USE PERMIT

(Private Activity - Less Than 500 Guests Expected)

Date Received _____

1. Organization (if applicable) applying for Permit:

ORGANIZATION: _____

TELEPHONE: () _____

FAX () _____

ADDRESS: _____

Street

City

State

Zip Code

2. Coordinator/Person responsible for conducting this event:

NAME: _____

TELEPHONE: () _____

PAGER () _____

ADDRESS: _____

Street

City

State

Zip Code

3. Type of Activity (PLEASE CHECK AS MANY AS APPLICABLE BELOW):

☐ Assembly (Private)

☐ Ceremony (Private)

☐ Family Gathering

☐ Reunion

☐ Birthday

☐ Church Picnic

☐ Family Picnic

☐ School Activity

☐ Celebration

☐ Company Picnic

☐ Reception

☐ Wedding

Other (Please describe): _____

4. What is the purpose of this event? _____

5. Requested Date and Hours (please fill in below):

NOTICE: RAIN DATES CANNOT BE SCHEDULED

	DATE	TIME OF ARRIVAL	DEPARTURE TIME
FIRST CHOICE			
ALTERNATE DATE			

NOTE: PARKS ARE OPEN DAWN TO DUSK. ALSO, ALTERNATE DATE INFORMATION WILL BE USED WHEN YOUR FIRST CHOICE DATE IS NOT AVAILABLE. IF BOTH DATES USED OR LOCATION REQUESTED IS NOT AVAILABLE, YOU WILL BE CONTACTED BY PHONE.

6. Event location (check as many as appropriate): ☐ Street ☐ Public Lot ☐ City Park Property
NOTICE: IF YOU CHECKED STREET OR PUBLIC LOT, CONTACT THE SPECIAL EVENT OFFICE AT 410-396-6865.

7. Please list the name of the Park and give the general area within the park that you are requesting for your event/activity: _____

8. Do you wish to reserve a pavilion/gazebo/covered area or designated picnic area? ☐ Yes ☐ No
If YES, please list name of pavilion/gazebo/covered area or designated picnic area: _____

9. TOTAL number of guests/participants expected: _____

10. Is this a first time event for you or the sponsoring organization at this location? ☐ Yes ☐ No
If NO, how does this event differ from previous years? _____

11. Will any signs, banners, or flyers be hung or posted? _____ Yes _____ No

NOTICE: IT IS A VIOLATION OF THE DEPARTMENT OF RECREATION AND PARKS RULES AND REGULATIONS TO POST OR HANG IN ANY MANNER, DIRECTIONAL MARKERS, NOTICES, OR BANNERS TO ANY TREE OR LAMP POST. ALL SIGNS, ETC. MUST BE REMOVED BEFORE LEAVING THE PARK.

12. Please describe the proposed location(s) of the signs, banners, etc. (attach a site plan if available):

13. Will any public street(s) need to be partially closed or blocked off in conjunction with this event? _____ Yes _____ No

NOTICE: IF YOU ANSWERED YES, YOU MUST OBTAIN A STREET CLOSURE PERMIT FROM THE DPW SPECIAL EVENT OFFICE, (410)396-6865, MUNICIPAL BLDG., 200 N. HOLIDAY ST., BALTIMORE MD 21202,

14. Do you plan to erect temporary structures, such as ADDITIONAL TABLES, TENTS, AMUSEMENTS, ETC.? _____ Yes _____ No

a. If YES, please describe below including type, size(s), how many, capacity, etc. A site plan/drawing must be included with this application showing the location of all items.

NOTICE: WHEN AMUSEMENT DEVICES (i.e., MOON BOUNCE, KIDDIE RIDES, ETC., ARE PART OF AN ACTIVITY, A CERTIFICATE OF INSURANCE, IN THE AMOUNT OF ONE MILLION (\$1,000,000) IS REQUIRED. A COPY OF THIS CERTIFICATE MUST BE SUBMITTED TO THE PERMIT OFFICE BEFORE YOUR PERMIT IS ISSUED. IN ADDITION, THE CERTIFICATE OF INSURANCE MUST HAVE THE FOLLOWING WORDING IN THE DESCRIPTION BOX:

"The Mayor and City Council of Baltimore, the Department of Recreation & Parks, the Department of Public Works, and the employees of the City of Baltimore are named as additional insured for (INSERT NAME OF EVENT) on (LIST EVENT DATE) to be held at (INSERT EVENT LOCATION)"

- b. If tent(s) will be erected, list the name of tent company, address, telephone number and the contact person's name:

NAME OF TENT COMPANY: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE () _____

NOTICE: ADDITIONAL PERMITS MAY BE REQUIRED. PLEASE CONTACT THE DEPT. OF HOUSING & COMMUNITY DEVELOPMENT, BUILDING INSPECTIONS (396-3470), AND BCFD FIRE PREVENTION BUREAU (396-4058).

15. Do you plan to provide musical OR other types of entertainment or amusements for this event? _____ Yes _____ No

If YES, please describe below: _____

16. Will any type of sound amplifying equipment or devices be used in conjunction with this event? _____ Yes _____ No

If YES, please list the type of equipment: _____

NOTICE: THE EVENT COORDINATOR IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL NOISE CONTROL ORDINANCES. ONLY SMALL PERSONAL RADIOS, TAPE PLAYERS, ETC., MAY BE USED DURING PRIVATE EVENTS. THESE DEVICES MUST BE KEPT AT A LEVEL WHICH WILL NOT DISTURB PARK VISITORS, NEARBY RESIDENTS OR BUSINESSES.

17. Do you plan to have pets on site during this event? _____ Yes _____ No

If YES, please list how many, the type of pet(s); what provisions have been made for the care, containment, and waste removal of the animal(s). Please give a contact person's name and phone number below: _____

CONTACT PERSON: _____ DAYTIME PHONE: () _____

NOTICE: PONY RIDES ARE NOT PERMITTED IN CITY OWNED/OPERATED PARKS

18. Is a power source available at the requested location? _____ Yes _____ No

If YES, is access available or will it have to turn it on (please explain): _____

19. Will grills or propane stoves, etc., be used during this event? _____ Yes _____ No
NOTICE: THE PERSON RESPONSIBLE FOR CONDUCTING THIS EVENT MUST PROVIDE APPROPRIATE SAFETY EQUIPMENT (i.e., FIRE EXTINGUISHERS, ETC.). OPEN BURNING AND/OR GROUND FIRES ARE PROHIBITED.

20. Do you **OR YOUR GUESTS** plan to serve beer or light wine as a refreshment
(ON A NON-SALE BASIS ONLY)? _____ Yes _____ No

21. Are you providing port-a-johns for your guests during this event, and if so, where will they be set up?

NOTICE: EXCEPT FOR EQUIPMENT WHICH IS IN PLACE AT VARIOUS LOCATIONS THROUGHOUT THE PARKS, THE DEPARTMENT OF RECREATION AND PARKS DOES NOT SUPPLY ADDITIONAL EQUIPMENT. PLEASE CHECK YOUR YELLOW PAGES FOR SUPPLIERS, IF ADDITIONAL EQUIPMENT IS NEEDED.

22. Please describe how do you plan to remove the refuse and garbage from the event site, and list the Clean-up Committee Chairperson's contact information: _____

NAME: _____

DAYTIME PHONE: () _____

23. Are there any special provisions or concerns pertaining to your activity which have not been addressed on this application? _____

Submitting this Application is not a confirmation to conduct your planned event. If the date and/or location requested is not available or if the location requested is not an approved site to conduct your type of activity, you will be contacted by the Permit Office, and alternate arrangements will be suggested or made. Your confirmation will be in the form of a PERMIT, issued to the Organization and/or person responsible for conducting the event. Please DO NOT SEND OUT NOTICES, PUBLICITY, FLYERS, ETC., prior to receiving this confirmation.

By signing and submitting this application, you and/or the sponsoring organization(s) agree to abide by the rules and regulations of the Department of Recreation and Parks, especially those rules and regulations pertaining to permits. It is understood that this application is submitted under the condition that this is a private event **for invited guests only**. In addition, it is agreed that **at no time will the public be invited to participate; nor will selling, vending, or fund raising take place or become part of the event activities**. The responsible person and/or sponsoring organization must provide (at their expense) all equipment, including extra tables, portable restrooms, etc. Also, area clean up is required during and immediately following the event. Parking or heavy equipment is not permitted on any grass or lawn areas. Police will ticket vehicles parked on the grass or in areas posted with "NO PARKING" or OFFICIAL VEHICLES ONLY signs.

PLEASE SIGN AND DATE (BELOW) BEFORE RETURNING THIS APPLICATION. **YOUR \$35.00 APPLICATION FEE, PAVILION AND/OR AREA RESERVATION FEE (IF APPLICABLE) MUST BE RECEIVED BY THE PERMIT OFFICE IN FULL, BEFORE YOUR APPLICATION IS PROCESSED, AND/OR YOUR DATE AND LOCATION IS RESERVED** APPLICATIONS AND RESERVATIONS ARE PROCESSED ON A **FIRST COME, FIRST PAID BASIS**. CASH, ORGANIZATIONAL CHECKS OR MONEY ORDERS MUST BE PAYABLE TO THE **DIRECTOR OF FINANCE, BALTIMORE CITY**. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED, AND WILL BE RETURNED.

Applicant's Signature

(Date)

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01042000

Application # _____

(FOR OFFICE USE ONLY)

Application Fee	___ Yes ___ No	MO/Check # _____	Cash _____	Receipt # _____
Pavilion/Area Fee	___ Yes ___ No	MO/Check # _____	Cash _____	Receipt # _____
Electric Fee	___ Yes ___ No	MO/Check # _____	Cash _____	Receipt # _____
Other Fees	___ Yes ___ No	MO/Check # _____	Cash _____	Receipt # _____

EXPLANATION OF OTHER FEES: _____

D.P.O. # _____ Series # _____ Date _____ Amt _____

NOTIFICATION AND/OR CONTACT WITH APPLICANT

List dates/time, reason, how contacted (phone/mail), and name of person initiating contact. If the contact was made by telephone and a message was left for the applicant, list the name of the person the message was left with. If notification was sent by mail, attach a copy of the correspondence
